

Arizona Department of Agriculture
Environmental Services Division
1688 W. Adams, Phoenix, AZ 85007
Phone: 602-542-0904 Fax: 602-542-0466

**PESTICIDE SELLER PERMIT (PSP)
NEW APPLICATION
FORM 1 OF 2**

FOR ADA USE ONLY

License No: PSP _____
Check #: _____
Check Date: _____
Check Amount: _____
Line Number: _____

Company Name*: _____

Arizona Contact*: _____ Daytime Phone: _____ Fax: _____
(or Out of State Contact)

Arizona Tax ID #: _____ E-Mail Address _____

Mailing Address*: _____ City _____ State _____ Zip _____
(of location selling restricted use or agricultural use pesticides)

Physical Address*: _____ City _____ State _____ Zip _____
(of location selling restricted use or agricultural use pesticides)

Daytime Phone*: _____ Cell: _____ Fax: _____

Have you ever had a similar certification revoked, suspended, or denied in this or any other jurisdiction during the last three years? If YES, please explain*: _____

Pursuant to A.A.C. R-3-3-401(A) – A seller of any restricted use pesticide, ...or any pesticide sold for an agricultural purpose shall maintain all records ... for at least two years from the date of sale. If a seller intends to change the location of the records, the seller shall file a signed statement with the Department before the move stating the new address.

Records Physical Address*: _____ City _____ State _____ Zip _____

Pursuant to A.A.C. R3-3-203(F) – A Seller shall designate a different responsible individual for each physical location in this state that sells or offers for sale any restricted use pesticide.

We Sell*: (Check all that apply to your business)

1. ☐ Restricted Use Pesticides
2. ☐ Agricultural Purpose Pesticides – General use pesticides for growing an ag commodity
3. ☐ Neither, however I would like to maintain my Regulated Sellers Permit

If you checked box 1, you must list your designated Responsible Individual for this physical location below.

If you checked box 2, you will need a Regulated Sellers Permit, but will not need to list a Responsible individual.

If you checked box 3, you do not need a Regulated Sellers Permit, but may obtain the permit if you choose.

The Responsible Individual designated for this Physical location will need to fill out the information below and fill out Form 2 of this application:

Name* _____ Signature* _____ Licenses Held: PCA#* _____ PUC#* _____ PRI#* _____

All items identified with an (*) must be completed. Applications that do not contain the required information will not be processed.

I would like to obtain Seller Permit for: _____ 1 year for \$100.00 _____ 2 years for \$200.00

Return this application along with your fee for each year to the address above. Please make check or money orders payable to the Arizona Department of Agriculture-ESD. The Department is required by law to process this application within 70 days from the date received. However, our goal is to process the application as timely as possible, normally this takes less than 14 days. Please do not send cash! Incomplete applications or applications with incorrect funds will be returned.

The undersigned hereby makes application for a Regulated Seller Permit, pursuant to A.R.S. 3-363.10(b). By my signature below I agree to conduct business as a Regulated Seller pursuant to Title 3, Arizona Revised Statutes and Rules adopted thereto. The information contained in this application is true and accurate. I understand providing false information in the State of Arizona is a felony.

Signature: _____ Date: _____

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**PESTICIDE SELLERS RESPONSIBLE INDIVIDUAL (PRI)
NEW APPLICATION
FORM 2 OF 2**

If you do not have a Responsible Individual with a PCA License or a PUC Certification you must designate one for this physical location. The Responsible Individual must then complete a core test for a PRI .

Responsible Individual Name*: _____ PCA License #*: _____ PUC License #: _____

Social Security Number*: _____ E-Mail Address _____

Mailing Address*: _____ City _____ State _____ Zip _____

Daytime Phone*: _____ Cell: _____ Fax: _____

Employer Name*: _____ Employer PSP Number: _____ E-Mail Address: _____

Employer Mailing Address*: _____ City _____ State _____ Zip _____

Employer Physical Address*: _____ City _____ State _____ Zip _____

Employer Daytime Phone*: _____ Employer Fax _____

Have you ever had a similar certification revoked, suspended, or denied in this or any other jurisdiction during the last three years? If YES, please explain: _____

All items identified with an (*) must be completed. Applications that do not contain the required information will not be processed.

The undersigned hereby makes application for a pesticide responsible individual, pursuant to A.R.S. 3-363.10(g). By my signature below I agree to conduct business as a pesticide responsible individual pursuant to Title 3, Arizona Revised Statutes and Rules adopted thereto. I also certify that I am a pesticide responsible individual for one physical location in this state that sell or offers for sale any restricted use pesticides. The information contained in this application is true and accurate. I understand providing false information in the State of Arizona is a felony.

Signature: _____ Date: _____